

SPECIFICATION AMENDMENTS

Page 1, lines 2-6:

This application is a continuation of U.S. Patent Application Serial No. 09/783,373, filed February 14, 2001, now U.S. Patent No. 6,664,435, which is a continuation of U.S. Patent Application Serial No. 09/188,752, filed November 9, 1998, now U.S. Patent No. 6,225,523, which is a continuation-in-part of co-pending U.S. Patent Application Serial No. 08/886,792, filed July 1, 1997, now U.S. Patent No. 5,833,646, which is a continuation-in-part of U.S. Patent Application Serial No. 08/350,822, filed December 7, 1994, now U.S. Patent No. 5,643,189.

Page 5, lines 23-25:

FIGURE 5 is an oblique drawing of an alternative structure wherein the patient-contacting surface ~~slider~~ slides into an integral disposal pouch;

Page 11, lines 7-19:

Figure 2C shows, in oblique form, a bandage according to alternative Figure 2B in the process of being inverted and removed from the patient 120. At its proximal end 105, the bandage includes an opening or mouth 140 into which at least a portion of an individual's hand is inserted. This opening 140 preferably including a flap 160 which may later be used to seal the bandage in its final inverted form. The flap preferably folds to an extent into the opening 140 at 141, thus advantageously creating a semi-rigid or substantially rigid edge along the top of the opening 140. Having the flap 160 initially folded into the mouth 140 prior to inversion assists in the inversion process, as does the rigidity resulting along the top edge of the opening 140.

Page 11, line 20 to page 12, line 5:

The underside of the flap 160 as depicted in Figure 2 preferably further includes an adhesive 143 which may serve various purposes. Prior to inversion, for example, this adhesive 143 may be held to hold flap 160 down against the top surface of the upper layer forming the pocket. This adhesive action should not be too strong, however, since the flap 160 will need to release from this upper surface during

the final stages of inversion. As such, a non-stick or reduced-tack surface may be provided directly beneath the adhesive 143 on the upper surface forming the top layer of the pocket to ensure that a release is achieved.

Page 12, line 22 to page 13, line 16:

At the distal end of the bandage 106 and internal to the pocket is some form of grasping means, in this case a string 142 attached at points 146 within the internal bandage structure, such as that depicted in Figure 2B. The individual removing the bandage may thus grab the string 142 as shown with one or more fingers and pull in the direction of the pocket opening 140 to perform the inversion process. At the same time, as the one hand 144 of the individual inverting the bandage pulls on the string 142, the other hand 148 may conveniently grasp the distal end of the flap 160 with a finger 149 inserted through a hole 150 formed in the flap 160. As the string 142 is pulled, the internal distal ends 146 are pulled inwardly, so that the adhesive portion 152 and absorbent portion 154 are curled or otherwise deformed as the bandage is inverted. These ~~these~~ surfaces 152 and 154 are being pulled into an inverted pouch created as the hands 144 and 148 are pulled apart from one another. Although the flap 160 is shown in generally triangular form with a rounded end other configurations are possible, and the number of holes 150 may be increased or decreased.

Page 15, lines 14-24:

Figures 6A and 6B illustrate alternative embodiments of a wound dressing according to the invention, wherein one or more of the peripheral edges of the dressing are prepared to permit a gathering thereof. Such gathering may be convenient in the presence of a non-planar patient surface, such as a shoulder or a knee, or in the event of a curved wound or incision, in which case the dressing may be articulated or bent within substantially the same plane. In addition, there may be situations in which both a curved patient surface and wound or incision ~~[[or]]~~ are present, which would also benefit from such gathering.